KENNY C. GUINN Governor

STATE OF NEVADA

DON HENDERSON

Director



Reno Office: 350 Capitol Hill Avenue Reno, NV 89502-2992 775-688-1180 Fax 775-688-1178

Fax 775-882-5121



DEPARTMENT OF AGRICULTURE SOUTHERN DISTRICT OFFICE

2300 McLeod Street Las Vegas Nevada 89104-4314 Telephone 702-486-4690 Fax 702-486-4695

Elko Office: 1351 Elm Street Elko, NV 89801-3364 775-738-8076 Fax 775-738-2639

Winnemucca Office: 1200 E. Winnemucca Blvd. Winnemucca, NV 89445-2999 775-623-6502 Fax 775-625-1200

APPLICATION FOR PRINCIPAL PEST CONTROL LICENSE EXAMINATION

QUALIFICATIONS FOR EXAMINATION: ALL APPLICANTS MUST MEET THE REQUIREMENTS STATED BELOW BEFORE SCHEDULING AN EXAMINATION AND SHALL FILE PROOF OF MEETING THESE REQUIREMENTS WHEN SUBMITTING THE PEST CONTROL EXAMINATION APPLICATION.

- (1) Qualification for examination as a Principal:
- a. Documentation of 2 years of pesticide application experience. Experience shall be substantiated through work records, Xerox copies of other state licenses, or other documentation*acceptable to the Division, OR...
- Documentation of 6 months of practical experience in pesticide application or related pest b. control in the category applied for and proof of not less than 16 college credit hours in biological sciences of which not less than 8 hours must be in subjects directly related to the field of pest control in which the applicant wished to be licensed.
- c. "Credit hours in biological sciences" include courses in, but not limited to, biology, botany, entomology, zoology, agronomy, horticulture, biochemistry, nematology, plant pathology and courses similarly derived.
- "Directly related pest control" courses include economic entomology, plant pathology and d. similar courses in the identification and control of pests through the use of pesticides.
- "Related pest control" experience includes technical field representative work, termite e. inspection for private or governmental entities or consultant on staff of area or regional consulting firm. Other experience may be evaluated.
- * Statements from impartial 3rd parties associated with the agricultural or pest control industry. Such as: United States Department of Agriculture, State Department of Agriculture, County Extension, Pest Control Boards, or W-2 forms. Submit written verification on official letterhead.

Application for Principal Pest Control License Examination Page 2

APPLICANT'S FULL NA MAILING ADDRESS: _	ME:				
TELEPHONE:	City	State FAX:	Zip Code		
□ VERIFICATION		CENSING/WORK EX	KPERIENCE BEING SENT KPERIENCE ATTACHED		
I understand that accordi	ing to NAC 555.320):			
I must have two years of pest control application experience or six months experience and 16 college credits related to pest control in order to be examined. Examination categories must be in the area of my experience.					
	lephone number of s	supervisor, dates and o	tion from State licensing officer categories of experience and hav		
			ENCE AND/OR OFFICIAL PER AUTHORITY IN YOUR S	STATE.	
Dates Licensed:			(T)		
Name of Company:	(Fron	n) 	(To)		
Address of Company:					
_	City	State	Zip Code		
Name of Supervisor:					
Telephone:					
Categories of License:					
	or revocation of licen	se. I further understa	a license is grounds for denial of that the violation of NRS 55 ble as a misdemeanor.		
(date)	— For	Agency Use Only	(signature)		
Approved □ C	ategories:		_		
Disapproved □					
Date:		Initials:			

Application for Principal Pest Control License Examination Page 3

Additional companies you were licensed with:

Pest Control Company #2:

Dates Licensed:				
	(From)		(To)	
Name of Company:				
Address of Company:				
	City	State	Zip Code	
Name of Supervisor:				
Telephone:				
Categories of License:				
Pest Control Com	ıpany #3:			
Dates Licensed:	(Fro		(To)	
Name of Company:	`	,	,	
	City	State	Zip Code	
Name of Supervisor:	·			
Telephone:				
Categories of License:				
denial of testing and/or su	uspension or revoca	ation of license. I fur	tain a license is grounds for ther understand that the violation thereunder is punishable as a	
(date)	_	(signature)		